

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application for)	Examiner: Anuradha Ramana
)	
Patent No.: 6,261,291)	Group Art Unit: 3775
)	
Issued: July 17, 2001)	Attorney Docket No.: ACANP-00101
)	
Inventors: Talaber et al.)	Customer No.: 90045
)	
Reissue Serial No.: 10/620,154)	
)	
For: ORTHOPEDIC IMPLANT)	REQUEST FOR CONTINUED
ASSEMBLY)	EXAMINATION UNDER
)	37 CFR §1.114

Filed: July 15, 2003

Mail Stop Reissue
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This is a request for continued examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- iii. ☐ Other: _____.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other: Terminal Disclaimer

2. **Filing Fees**

Description	Fee Code	Claims	Extra	Rate	Fee
RCE Fee	2801				\$405.
Independent Claims	2204	13 - 16 =	0 x	\$110.=	-0-
Total Claims	2205	102 - 108 =	0 x	\$26.=	-0-

Total Filing Fees Due\$405.

4. **Payment of Fees**

/ X / The Commissioner is authorized to charge the fees due, the deficiency in payment and /or credit any overpayment of fees required under 37 C.F.R. §§1.16 and 1.17 to Deposit Account No. 50-4358, **referencing Attv. Docket No. ACANP-00101.**

5. **Address all future communications to:**

CUSTOMER NO. 90045

EDWARD J. LYNCH
Patent Attorney
Four Embarcadero Center
Suite 1700
San Francisco, CA 94111

6. **Other documents enclosed herewith:**

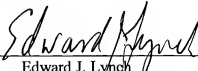
/ X / Other:

/ X / Mark-Up Of Amended Claims.

/ X / Status And Support For All Claims Not Found In Issued Patent And Amendments Thereto Pursuant To 37 CFR 1.173(c).

/ X / Applicant Initiated Interview Request Form (form PTOL-413A).

Respectfully submitted,

By: 

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